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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

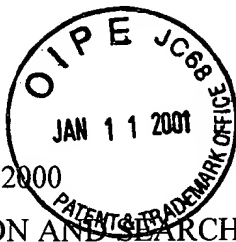
In re Application of

KI-BONG YUN

Serial No.: 09/665,183

Filed: 15 September 2000

For: DISK CALIBRATION AND SEARCH METHOD IN A CD-ROM DRIVE SYSTEM



Examiner: to be assigned

Art Unit: 2651

**REQUEST FOR REFUND**

Assistant Commissioner for Patents  
**Box #17, Refund Unit**  
Attn: Finance Branch-Refunds  
Washington, D.C. 20231

Attorney's Docket: P56169RE

Dear Sir or Madam:

Applicant's undersigned attorney notes that his deposit account No. 02-4943 was improperly charged on **6 October 2000** in the amount of \$78.00, under the fee code 110 for reissue claims in excess of twenty and over original patent.


Please note that there are total of 30 claims and total of 4 independent claims in the application. Thus, the fee for claims in excess of twenty is \$180.00 and the fee for independent claims in excess of three is \$78.00, namely total amount of the fees for the extra claims is \$258.00, which Applicant's undersigned attorney paid together with the filing fee of \$690.00 (check No. 37363 in the amount of \$943.00 (\$258.00 extra claim fee and \$690.00 filing fee)) on 15 September 2000.

Accordingly, please credit the Deposit Account in the amount of \$78.00.

**Please refer the attached documents for the above-referenced patent application.**

Adjustment date: 03/08/2001 KVESTAL  
10/06/2000 KHARLING 00000050 024943 09665183  
03 FC:150 78.00 CR -102.00 OP

Respectfully submitted,

  
Robert E. Bushnell  
Attorney for Applicant  
Reg. No.: 27,774

1522 K Street, N.W. Suite 300  
Washington, D.C. 20005-1202  
(202) 408-9040

Enclosures: copies of reissue application, Fee transmittal, check No. 37363 (\$948.00) filed on 15 September 2000, postcard receipt dated 15 September 2000 and a Monthly Statement of Deposit Account dated 31 October 2000.

Folio: P56169RE Date: 11 January 2001

REB/sys

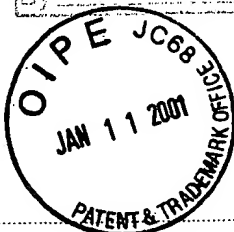
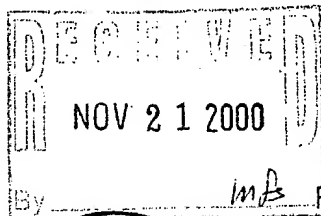


UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office

MONTHLY STATEMENT  
OF DEPOSIT ACCOUNT

To replenish your Deposit Account, detach and return top portion with your check. Make check payable to Commissioner of Patents & Trademarks.

ROBERT E BUSHNELL ESQ  
ROBERT E. BUSHNELL  
1522 "K" STREET, N.W.  
SUITE 300  
WASHINGTON DC 20005



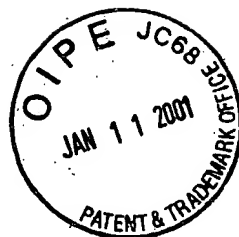
Address: COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

Account No.	024943
Date	10-31-00
Page	1

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DATE POSTED			CONTROL NO.	DESCRIPTION (Serial, Patent, TM, Order)	DOCKET NO.	FEE CODE	CHARGES/ CREDITS	BALANCE
MO.	DAY	YR.						
10	5	00	12	08892716	P54683	115	110.00	14814.41
10	6	00	12	PAYMENT		701	-100.00	14914.41
10	6	00	15	PAYMENT		701	-6.00	14920.41
10	6	00	18	PAYMENT		701	-110.00	15030.41
10	6	00	125	09665183	P56169RE	110	78.00	14952.41
10	17	00	7	PAYMENT		701	-6.00	14958.41
10	19	00	6	PAYMENT		701	-6.00	14964.41
10	27	00	9	09140389	P55316	102	-78.00	15042.41
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**P56169RE (REISSUE)** 15 September 2000

Applicant: KI-BONG YUN

S.N.: *to be assigned*

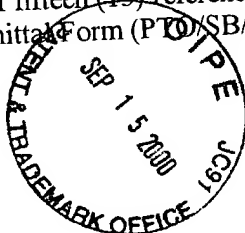
Original Patent No.: 5,808,982 issued on 15 September 1998

Filed: 15 September 2000

For: *DISK CALIBRATION AND SEARCH METHOD IN A CD-ROM DRIVE ...*

**Document(s) filed:**

1. Reissue application (specification/claims/abstract)
2. Drawings (Figs. 1-7, 8 sheets) and Request for Approval of Drawing Changes
3. Reissue application Declaration by the Assignee (PTO/SB/52) in combination with Declaration as to Loss of Letters Patent; and Reissue Application Declaration by the Inventor (PTO/SB/51).....**BOTH EXECUTED**
4. Transmittal of Declarations
5. IDS & PTO-1449 with copies of fifteen (15) references cited in the IDS
6. Reissue Application Fee Transmittal Form (PTO/SB/56)
7. Check #37363 for \$948.00
8. This post card



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<b>REISSUE APPLICATION FEE TRANSMITTAL FORM</b>					Docket Number (Optional) <b>P56169RE</b>			
<b>Claims as Filed - Part 1</b>								
Claims in Patent	For	Number filed in Reissue Application	Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee			
(A) 17	Total Claims (37 CFR 1.16(j))	(B) 30	**** 20	×\$ ____ =		or	×\$18.00 = 180.00	
(C) 2	Independent Claims (37 CFR 1.16 (i))	(D) 4	* 3	×\$ ____ =		or	×\$78.00 = 78.00	
Basic Fee (37 CFR 1.16(h))					\$ ____			
Total Filing Fee					\$ ____			
						\$ 690.00		
						\$ 948.00		
<b>Claims as Filed - Part 2</b>								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee		
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	×\$ ____ =		or	×\$ ____ =
Independent (37 CFR 1.16(i))	***	MINUS	*****	0	×\$ ____ =			×\$ ____ =
Total Additional Fee					\$	OR \$		

\* If the entity in (D) is less than the entity in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims.

\*\*\*\* If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Please charge Deposit Account No. \_\_\_\_\_ In the amount of \_\_\_\_\_.  
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☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 02-4943.  
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 948.00 to cover the filing/additional fee is enclosed.

15 September 2000

Date

\_\_\_\_\_  
Signature of Applicant, Attorney or Agent of Record

Robert E. Bushnell  
Typed or printed name

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**REISSUE PATENT APPLICATION TRANSMITTAL**

Address to: <b>Assistant Commissioner for Patents</b> <b>Box Patent Application</b> <b>Washington, DC 20231</b>	Attorney Docket No.	P56169RE
	First Named Inventor	KI-BONG YUN
	Original Patent Number	5,808,982
	Original Patent Issue Date (Month/Day/Year)	09/15/1998
	Express Mail Label No.	

1. ☒ APPLICATION FOR REISSUE OF: (check applicable box) ☒ Utility Patent ☐ Design Patent ☐ Plant Patent

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> *Fee Transmittal Form (PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification and Claims <i>(amended, if appropriate)</i> 3. <input checked="" type="checkbox"/> Drawing(s) <i>(proposed amendments, if appropriate)</i> 4. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) <i>(37 C.F.R. §1.175)(PTO/SB/51 or 52)</i> 5. Original U.S. Patent <input checked="" type="checkbox"/> Offer to Surrender Original Patent <i>(37 C.F.R. §1.178)</i> <i>(PTO/SB/53 or PTO/SB/54)</i> <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit/Declaration of Loss <i>(PTO/SB/55)</i> 6. <input checked="" type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i> <input checked="" type="checkbox"/> Written Consent of all Assignees <i>(PTO/SB/53 or 54)</i> <input checked="" type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney	7. <input type="checkbox"/> Foreign Priority Claim <i>(35 U.S.C. 119) (If applicable)</i> 8. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) PTO/1449 <input checked="" type="checkbox"/> Copies of IDS Citations (fifteen references) 9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(If applicable)</i> 10. <input type="checkbox"/> *Small Entity Statement(s) <i>(PTO/SB/09-12)</i> <input type="checkbox"/> Statement filed in prior application, Status still proper and desired 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard <i>(MPEP 503)</i> <i>(Should be specifically itemized)</i> 13. <input checked="" type="checkbox"/> Other: <u>Request for Approval of Drawing Change(s)</u> <u>Check #37363 in the amount of \$948.00</u>

NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. §1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. §1.28)

**14. CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. Or Attach bar code label here)		or <input checked="" type="checkbox"/> Correspondence address below	
Name	ROBERT E. BUSHNELL and Law Firm		
Address	1522 K Street, N.W., Suite 300		
City	Washington	State	D.C.
Zip Code	20005-1202		
Country	U.S.A.	Telephone	(202) 408-9040
Fax	(202) 628-0755		

NAME (Print/Type)	Robert E. Bushnell	Registration No. (Attorney Agent)	27,774
Signature		Date	15 September 2000

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